

## FOREIGN DEPARTMENT



IN CHARGE OF  
**LAVINIA L. DOCK**

[THE paper which follows, one of those sent to the Tuberculosis Congress, is especially interesting as describing the work of a nurse, Miss Amy Turton, an English woman who was trained at the Royal Infirmary, Edinburgh, and who has worked in Italy ever since as a nursing missionary and altruistic citizen, Miss Turton has been untiring in her efforts to introduce good nursing instruction into Italy and her many pioneer efforts will make an inspiring chapter for the third volume of the "History of Nursing."]

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### THE FIRST OPEN-AIR SANATORIUM IN ITALY FOR TUBERCULOSIS

BY AMY TURTON

Florence, Italy

No sanatorium for open-air treatment for incipient tubercular cases existing in Italy, an attempt was made in 1902 by private initiative to start a very small place near Florence—commencing with six to eight girls. A most ideal spot was found, on the edge of a fir wood near Settignano, sheltered from the north wind, and with the whole valley of the Arno stretching beneath it. The piece of ground bought was actually an olive field, and as many trees as possible were retained. The house was built with two wide terraces facing southeast—the lower one being covered, so that patients could lie out in it, and eat in it, in every kind of weather. The money was given anonymously for land and building, and we hoped that the town of Florence would supply means for the maintenance of the little home, as the doctors were much interested in the experiment. The furniture was given entirely by friends, all very simple, and carefully chosen with a view to non-dust collecting, and facile disinfection and cleaning. But difficulties met us from the beginning, although the bit of ground was quite isolated (only one small cottage being on one of its confines, which was uninhabited when the sanatorium building was commenced), yet some of the villas within sight took exception to its relative proximity, waged active warfare, signing protests, and attempting even to get it suppressed by

influence in Parliament. Happily, legally, the right distance was proved to exist and an energetic Italian canvassed for public sympathy, explaining how much better it was for phthisical patients to be put where the use of pocket spittoons was enforced, instead of being free to expectorate wherever they went. Gradually the storm of opposition died away and the public showed itself to be either favorable or indifferent. The home promised some profit to the tradesmen in Settignano, gained their approval, and our canvasser judiciously insinuated the prospect of its growing into a larger institution, and so employing more workmen and giving ultimately larger profit to tradesmen. Consequently the threats of boycotting came to nothing as well as those of legal processes.

The next difficulty that we encountered was the insufficiency of water. Before buying the ground we had insisted on boring for it, but though it was found at a great depth, the quantity did not come up to expectations, while the expense of the well instead went far beyond them. It was considered necessary therefore to build a large cistern to collect the rain water off the roof,—and as we encountered solid rock, again the expense augmented unexpectedly.

The question of drainage also proved a costly one, there was no possibility of getting on to a main drain, the place being quite away from any. Engineers, friends and employes agreed that a sort of half of the usual Italian system would be the safest. This was to run a waste pipe for the liquid part of the drainage away to the left, terminating a filtering place of deposit (I find it difficult to explain, not knowing technical terms in English) below the well so that nothing could filter into it.

The solid part of the sewage was retained in a special receptacle, placed under the W. C.'s, in which chloride of lime was placed, and was buried in the grounds of the neighboring peasants.

A lung specialist, and two doctors who were also keen on the "open-air treatment," generously offered their coöperation, the first in choosing, the others in treating the patients. These were to be only in the initial stage of phthisis. Two rooms were set apart for those who could pay five lire. A large room containing four and another with two free beds made up the eight we hoped to fill. The rules were few—visitors' hours to be limited and absolute obedience to the nurse comprehending briefly what was insisted on to any new patient.

The charge of the place was at first taken by a nurse friend, who had spent several months at the *Sanatorium populaire* at Teysin studying the system of the treatment. She was helped by a sort of house-

keeper cook, and the neighboring peasants engaged for washing, and for odd jobs.

We opened in September, 1904, with one paying and one free patient. Hypodermics of guaiacol was the treatment with, of course, rest, and moderate hypernutrition, and the food was as varied as possible, and the results as regarded increase of weight were extremely satisfactory. The patients' windows were fitted with a catch, which prevented their closing them—but we had very little difficulty in convincing them of the necessity of breathing continual pure air. Even the lady housekeeper soon found courage to sleep with open windows and instructed her family to follow her example. And certainly one of the most satisfactory outcomes of the little experiment has been the spread of hygienic notions among the relations of every one who came under its influence. Short strolls in the fir woods, and the rest of the time lying on chairs, lounges on one or other terrace, reading by the nurse, and games with a big poodle, Toro, were the daily routine. Cold sponging, or baths, weekly weighing, the rigorous use of sputum cups, or holland bags containing handkerchief, were carefully supervised by the nurse. She also herself destroyed the sputum in a sort of cauldron arranged for the purpose.

The moral influence of my friend resulted in an atmosphere of hope and good will. Could we have entirely devoted ourselves to the little place, I have no doubt that we could have obtained many of the cures which rewarded us during the first six months. But our hopes of obtaining public help were not fulfilled. The Florentine Societies (anti tuberculari) had not the necessary funds to coöperate. The building, etc., had absorbed the money meant to help with the maintenance of the place during the first year, and finally, my own very serious illness in November (typhoid, with complications) necessitating the temporary placing of nuns in my nurse friend's place, while she took mine, combined to render it impossible for financial reasons to continue beyond the month of March. We decided, therefore, to make the little home a gift to an analogous society which was slowly struggling into life, and which was purely Italian, and consequently more able to solicit funds. Our dear little sanatorium has consequently passed to Dr. Pieraguote's "Predisposti" and twelve to fourteen little boys do the "open-air" cure instead of our "incipiente" girls or women. Queen Helen has become patroness, and the place bears her name since we refused to accept their desire that it should also be called by the name of the anonymous giver. The same nuns are retained, and hopes are enter-

tained of eventually building another house for little girl "predisposti."

Meanwhile those few happy months spent with my friend remain warm in the memory of those girls who learnt how to help cure themselves, and of those four who seem really to have been cured. So far as I know only two cases entirely failed; one developing the "galloping" phase just when I was beginning to recover, and the other going steadily down hill for about a year after we had given up the place.

#### ITEMS

CANADA has formed a "Provisional Society of the Canadian National Associations of Trained Nurses" with Miss Snively as president, and Miss Matheson, secretary-treasurer. The organization embraces eighteen societies and will be welcomed next summer into the International Council.

AMONG the foreigners of distinction at the tuberculosis congress was Miss O'Neil from Dublin, a trained nurse and member of the Woman's National Health Association of Ireland. Miss O'Neil visited hospitals and, in New York, called at the Nurses' Settlement and on Miss Nutting at Teachers' College.



DISCONTINUANCE OF AND RETURN TO A MILK DIET IN DIARRHEAS OF INFANCY.—The *Medical Record*, quoting from *Journal de Médecine de Bordeaux*, says: Rousseau-Saint-Phillipe says that milk is not the perfect, antitoxic, easily assimilable, complete food that it has been considered. The cow even if healthy, clean, and well fed gives a milk that is not suitable for the child, and it is necessary to watch its digestion and assimilation. When a good, pure milk has been obtained it is necessary to watch its dosage carefully. There are cases both acute and chronic in which it becomes poisonous and excites a gastro-enteritis with putrefactions. In these cases milk must be stopped at once and a water diet made use of, with a certain amount of fasting, followed by the use of some other food. When the intestines have been cleansed, disinfected, and returned to a normal condition the use of milk should be begun very gradually and in very small doses, and thus a tolerance be gradually established for it.